

LOYOLA MARYMOUNT UNIVERSITY
School of Film & Television
Accident Report

Date of Accident:

Injured Party

Time of Accident:

Address:

City, State Zip:

Cell Phone:

On Campus

Reported to P. Safety?

Off Campus

Nature of Injury/Damage:

(i.e.: finger, head etc.)

Where Did Accident Occur?

How Did Accident Occur?

Use Separate Page As Necessary

Did Injured Party Seek Medical Attention?

How Were They Transported?

Name of Medical Provider:

Address of Medical Provider:

Telephone # of Medical Provider:

Were There Witnesses?

Name of Witness:

Cell #

Name of Witness:

Cell #

Name of Witness:

Cell #

Other Damages?

**THIS REPORT MUST BE SUBMITTED TO RISK MANAGEMENT
AND JOHN SYRJAMAKI WITHIN
24HRS. NO EXCEPTIONS!!!**

Your Name:

Cell #